

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN2965SNF	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/12/2010
NAME OF PROVIDER OR SUPPLIER REGENT CARE CENTER OF RENO		STREET ADDRESS, CITY, STATE, ZIP CODE 555 HAMMILL LANE RENO, NV 89511		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Z 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of complaint investigation conducted in your facility on 3/9/10 and finalized on 3/12/10, in accordance with Nevada Administrative Code, Chapter 449, Facilities for Skilled Nursing.</p> <p>Complaint #NV00024630 was substantiated with a deficiency cited. (See Tag Z230)</p> <p>A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included.</p> <p>Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p>	Z 000		
Z230 SS=G	<p>NAC 449.74469 Standards of Care</p> <p>A facility for skilled nursing shall provide to each patient in the facility the services and treatment that are necessary to attain and maintain the patient's highest practicable physical, mental and psychosocial well-being, in accordance with the comprehensive assessment conducted pursuant to NAC 449.74433 and the plan of care developed pursuant to NAC 449.74439.</p>	Z230		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Z230	<p>Continued From page 1</p> <p>This Regulation is not met as evidenced by: Based on interview, record review and policy review the facility failed to assess a change in smoking behavior, implement interventions based on the assessment, and follow a physician's order to prevent smoking related burns for 1 of 5 residents. (Resident #1)</p> <p>Findings include:</p> <p>Review of the facility "Smoking Policy (undated) revealed:</p> <p>It is the policy of Regent Care Center of Reno that each resident desiring to smoke will be evaluated for safety reasons. A safe environment will be provided for all residents, visitors and staff as well to protect residents from potential injury while smoking.</p> <p>Procedure:</p> <ol style="list-style-type: none"> 1. Each resident will be reviewed by a licensed nurse upon admission and regularly if supervision is required when smoking. This will be done through Resident/Family interviews. 3. When a resident is deemed unsafe to smoke unsupervised, a plan of care will be developed and implemented for supervised smoking. The charge nurse will communicate this information to all staff members. 4. All smoking materials (cigarettes, cigars, lighters, matches) will be kept in the nursing station for all residents who are unsafe to smoke by themselves. Resident may wear a smoker's apron for safety reasons as deemed necessary. 5. All oxygen must be disconnected prior to resident's smoking. 8. Anyone who brings in smoking materials for the resident are required to give them to the nurse. 	Z230		

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Z230	<p>Continued From page 2</p> <p>Resident #1 was admitted to the facility on 8/31/06 with diagnoses including Alzheimer's disease, depression, vascular dementia, episodic mood disorder, and tobacco use disorder. Record review revealed that Resident #1 had been independent with smoking since her admission on 8/31/06.</p> <p>Review of the resident care plan dated 1/26/10, for Resident #1 identified a problem related to tobacco use and noted that the resident was at risk for smoking related injuries.</p> <p>The interventions included:</p> <p>"She has been educated on risks associated with smoking Prior efforts at banning smoking have been unsuccessful Son buys her cigarettes and (she keeps them in her room)." The portion of the intervention in parentheses had line drawn through it, with no date as to when it was discontinued. "Allow her to smoke in designated areas only. Supervise as needed. Continually remind her not to smoke when oxygen on. Observe for hand dexterity and ability to handle cigarette safely."</p> <p>Record review revealed the following nurse's notes:</p> <p>2/11/10 PM shift: Resident stated "I do not smoke in my restroom. The men in the next room must, or the people on the other side of me. I have seen that man go into that room and smoke. Was told no one in the rooms next to you smoke."</p>	Z230			

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Z230	<p>Continued From page 3</p> <p>2/14/10 at 11:30 AM: "Resident found smoking out east wing door with oxygen on at three liters per minute, oxygen removed, and resident put out cigarette..."</p> <p>2/15/10 at 9:30 PM: "Resident came in from outside (in the east door) smoking with a cigarette in her hand lit. Stated she wanted to ask me something, two other people saw her do this. When asked why she could not smoke in here was told because of the other resident's and the oxygen. Went back outside."</p> <p>2/16/10 AM shift: "...Found outside east patio in non-smoking area. After I told her she needed to go to the designated area, she began yelling at me 'You are about next to nothing if I ever saw it!'..."</p> <p>The record revealed a psychiatrist's progress note on 2/17/10 at 9:10 AM, that read: "...Patient now smoking cigarettes inside facility... Confiscate all tobacco/fuel paraphernalia - risk of explosion!"</p> <p>The record revealed an order written on 2/17/10 at 9:20 AM, by the psychiatrist that read: -Confiscate ALL tobacco products & fuels (lighter, matches) -Pt at risk of exploding the building -Pt allowed to smoke AT STAFF'S DISCRETION only</p> <p>Review of the record failed to provide evidence that the order had been implemented.</p> <p>Record review revealed that, on 2/22/10, an entry was made in the facility's investigative report that noted the following: "The resident caught herself on fire during smoking. She admitted that she</p>	Z230			

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Z230	<p>Continued From page 4</p> <p>forgot to area with her oxygen. Noted to have blackened area around nose and mouth."</p> <p>On 3/9/10 at 12:20 PM, the Director of Nurses, was interviewed and she reported that Resident #1 was injured as a result of smoking with oxygen. She reported that the resident had been independent with smoking prior to this incident for about four years (since 2006). She reported that the resident would go to the smoking area and turn off her oxygen, then transfer to a wheel chair that was parked near the door to the smoking area. She reported that there had never been any deviance from this care plan until 2/22/10 when she was burned. She reported that the resident had gone out to the smoking area with her oxygen on with the nasal cannula in place. She reported that the resident had lit a cigarette with a lighter and then catching herself on fire. She reported that this was not witnessed, but six staff members saw her removing her shirt and her face was blackened with no one else out in the smoking area. She reported that the resident admitted that she forgot to turn off her oxygen and get into her other chair.</p> <p>On 3/10/10 at 10:45 AM, the Resident #1's son was interviewed and reported that the facility never mentioned to him that he was to bring the cigarettes and lighters to the nurses' station prior to the incident on 2/22/10.</p> <p>In summary: The record documented that Resident #1 exhibited unsafe smoking behavior beginning on 2/11/10. The record failed to have evidence that the behaviors were assessed for smoking safety and that the resident's care plan was updated in accordance with the facility's smoking policy. The care plan dated 1/26/10 noted that the resident kept her cigarettes in her</p>	Z230			

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Z230	Continued From page 5 room and not in accordance to the facility smoking policy. The record indicated that the resident was smoking unsupervised on 2/22/10. Severity: 3 Scope: 1	Z230			

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